



## Coast Guard HR Flag Voice 101

### KNOW THE BASICS ABOUT TRICARE CLAIMS

Whether you or your provider files a claim for payment of your medical bills under TRICARE, you need to know some basic rules to avoid claims processing problems. Leaders at the TRICARE Management Activity (TMA) recognize that simplified claims processing is a key to beneficiary satisfaction with TRICARE, and they continue to implement improvements to claims processing procedures.

TRICARE participating providers are required to file claims for beneficiaries, and providers submit 97 percent of all TRICARE claims. However, if the provider is non-participating, the beneficiary may need to file the claim.

Beneficiaries and providers should submit claims as soon as possible after the delivery of care. They must be filed within one year of the date of service, or within one year of the date of an inpatient discharge.

When the beneficiary files a claim, it should be submitted using DD Form 2642 (patient's request for medical payment). Forms are available on the Military Health System/TRICARE Web site at <http://www.tricare.osd.mil/ClaimForms/>, or from beneficiary counseling and assistance coordinators (BCACs)/health benefits advisers at military treatment facilities, TRICARE regional contractors (or one of their TRICARE service centers), or TRICARE Management Activity, 16401 E. Centretech Parkway, Aurora, CO 80011-9066. Access to TRICARE contractors' Web sites can be obtained through the TRICARE site.

The beneficiary may also need to include a non-availability statement for inpatient care (obtained from the MTF), an explanation of benefits (EOB), or denial, from other insurance. Claims filed by the beneficiary should include photocopies of fully itemized bills from the provider, showing the cost for each service or supply provided, the patient's name, diagnosis or symptoms, place of service, number/frequency of each service, and date of care. Canceled checks or cash register receipts are not acceptable as itemized bills.

With claims for prescription drugs, the provider or beneficiary must include the pharmacy's billing form, showing the name, strength, amount and cost of each drug, prescription number, date filled, and the name and address of the prescribing doctor and the pharmacy.

A beneficiary who receives the services of a private duty nurse at home or in a hospital, must submit the nurse's daily notes with claims, the name of the doctor who is supervising the care, and prescriptions for

medical supplies and durable medical equipment. Claims submitted for someone in the Program for Persons with Disabilities must include a copy of authorization for services, and a list of supplies or equipment received.

Persons filing claims should send copies of receipts. They should include the sponsor's Social Security number on all pieces of correspondence and attachments to claims. They should circle information rather than use a highlighter or marker on documents. Before submitting the claim, they should make sure the correct claim form has been completed, double-check all information for completeness, provide signatures where necessary, and include all necessary documentation listed above.

Beneficiaries and providers must mail claims and the accompanying documentation to the TRICARE contractor for the region where the patient lives. Address for filing claims may be found in the beneficiary handbook or on the TRICARE Web site. Active duty service members stationed overseas, and their families, file claims with Wisconsin Physicians Service (WPS). To reach a WPS claims contractor, call (608) 259-4847.

When all necessary information is submitted with the claim, contractors are required to complete processing within 30 days. When they need additional information, claims processors will call or write to the beneficiary or provider, who must supply the information requested before the claim can be processed. To avoid delays, beneficiaries should keep copies of claims and the originals of all other documents sent to the claims processor or to TRICARE. When providers file claims, beneficiaries should keep copies of providers' bills.

Beneficiaries should verify that their information is correct in the Defense Enrollment Eligibility Reporting System (DEERS) data bank. Beneficiaries can review information in their DEERS file at most offices that issue military identification cards. They may also call DEERS, toll-free, at one of these numbers: 1-800-538-9552 (Continental U.S.), 1-800-334-4162 (California residents only), or 1-800-527-5602 (Alaska and Hawaii residents only) or write to DEERS Support Office, 400 Gigling Road, Seaside, CA 93955-6771.

Beneficiaries who believe their claims have been incorrectly processed or denied, may refer to instructions for disputing a decision and filing an appeal that appear on the back of every TRICARE explanation of benefits. For more information about filing and appealing claims, beneficiaries can check with a BCAC at an MTF or regional lead agent's office, with a health benefits adviser at the MTF, with a TRICARE service center representative, with the appropriate TRICARE managed care support contractor, with a Coast Guard MLC HBA at 1-800-942-2422 (800-9-HBA-HBA), or with a debt collection assistance officer, if credit or collection issues are involved. Beneficiaries may call claims processors at the following numbers to address their claims problems: Palmetto Government Benefits Administrators (PGBA), 1-800-225-4816, for all regions except Southwest (Texas - except the extreme western area, Oklahoma, the majority of Louisiana and Arkansas) and Northwest (Washington, Oregon and northern Idaho); WPS, 1-800-866-6337, for Southwest and Northwest. Beneficiaries overseas should contact the lead agent or designated point-of-contact.

Additional information on TRICARE benefits, claims filing and follow-up may be obtained through the Military Health System/TRICARE Web site at [HTTP://www.tricare.osd.mil](http://www.tricare.osd.mil).

Regards, FL Ames

ALCOAST 316/00

COMDTNOTE 1401

SUBJ: ACTIVE DUTY RADM (LH) SELECTION BOARD

1. THE SECRETARY HAS APPROVED THE REPORT OF THE SELECTION BOARD CONVENED ON 11 JUL 00 RECOMMENDING OFFICERS ON THE ACTIVE DUTY PROMOTION LIST (ADPL) FOR PROMOTION TO THE GRADE OF REAR ADMIRAL (LH). OFFICERS SELECTED ARE LISTED BELOW IN PRECEDENCE ORDER.

(1) WURSTER, CHARLES D.

(2) GILMOUR, THOMAS H.

(3) DUNCAN, ROBERT F.

(4) BENNIS, RICHARD E.

(5) HATHAWAY, JEFFREY J.

(6) ELDRIDGE, KEVIN J.

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